

**A site plan, elevation drawings with dimensions, & shop drawings are required with this application**

**Applicant to Complete First Section**

Address Where Sign(s) is (are) to be installed

Name of Business

Name of Business Owner

Mailing Address (if different than above)

Zip Code

Phone Number

Legal Description

Owner of Record of Property

Mailing Address

Zip Code

Phone Number

Owner of Sign

Mailing Address

Zip Code

Phone Number

Sign Installer/Reg. #

Mailing Address

Zip Code

Phone Number

**Class of Work** ☐ New ☐ Alteration **Estimated date of installation:** \_\_\_\_\_

**Illumination** ☐ Internal ☐ External ☐ Other (ie:tracer) ☐ None **Will any new electrical work**

**be necessary? YES NO Name of Licensed Electrical Contractor** \_\_\_\_\_

**Separate permit required**

**Type of Sign** (Indicate the number of signs in the box next to the sign type)

☐ Pole ☐ Ground ☐ Wall ☐ Awning ☐ Canopy ☐ Marquee  
☐ Projecting ☐ Roof ☐ Decorative ☐ Other \_\_\_\_\_  
 (description)

Name of Applicant – Please Print

Applicant Represents (Company or Employer)

Signature of Applicant

Date

Applicant's Phone Number

**Staff Use**

Zoning	<b>Square Footage of Signs</b>	Illumination Approved	<b>SPECIAL CONDITIONS:</b> _____ _____ _____ _____	
Historic District	New	Electrical Permit Required?		
B.I.D.	Existing	Contr. License Verified?		
Vision Triangle	Total	Street Set-back		
	Total Allowed	Required Set-back		
Approved for Issuance By		Date	Permit Fee	Receipt #, Staff Initials